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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Apache
District of Springerville
Town of Springerville
or

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 2
Co. Registrar No. 105
Local Registrar No. _____

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William H. Duke If child is not yet named, make supplemental report, as directed

3. Sex of child ♂ To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Aug 22 (Month, day, year)

8. Full name FATHER Hugh Duke

14. Full maiden name MOTHER Adda M. Hooper

9. Residence Springerville (Usual place of abode) Arizona If nonresident, give place and State

15. Residence Springerville (Usual place of abode) Ariz If nonresident, give place and State

10. Color or race ♂ American 11. Age at last birthday 22 (Years)

16. Color or race W American 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Alvarado (State or country) Texas

18. Birthplace (city or place) Springerville (State or country) Ariz

13. Occupation Cattleman Nature of Industry

19. Occupation House Teacher Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John H. Wells (Physician or midwife)
Address Springerville Ariz

Given name added from a supplemental report (Month, day, year)

Filed Aug 22, 1922 W. J. A. Moore Local Registrar

645-822-159 Registrar.

Filed sep 10, 1922 W. J. A. Moore